

MDR Tracking Number: M5-04-1506-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on January 26, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was the only issue** to be resolved. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release from 02-14-03 to 02-19-03, from 05-15-03 to 05-29-03 and from 06-06-03 to 07-22-03 were found to be medically necessary. Also, the office visits coded 99214 on 02-17-03, 03-26-03, 05-22-03, 06-20-03 and 07-28-03 were found to be medically necessary. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 02-24-03 to 04-09-03, all other office visits, the conferences by physician on 03-01-03, 03-29-03 and 06-28-03, and the supplies and materials from 02-14-03 through 07-31-03 were not found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

This Findings and Decision is hereby issued this 16th day of April 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20-days of receipt of this Order. This Order is applicable to dates of service 02-14-03 through 02-19-03, 03-26-03, 05-15-03 through 05-29-03, 06-06-03 through 07-22-03 and 07-28-03 in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Order is hereby issued this 16th day of April 2004.

Roy Lewis, Supervisor
Medical Dispute Resolution
Medical Review Division

RL/pr

NOTICE OF INDEPENDENT REVIEW DECISION

April 8, 2004

MDR Tracking #: M5-04-1506-01
IRO Certificate #:IRO 4326

The ____ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to ____ for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

____ has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. ____'s health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to ____ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This patient sustained a repetitive injury on ____ causing her significant pain, numbness, and tingling in both upper extremities. The electromyography dated 01/14/03 revealed positive bilateral carpal tunnel syndrome. She underwent releases for both wrists with rehabilitation after release from her surgeon.

Requested Service(s)

Therapeutic exercises, joint mobilization, neuromuscular re-education, myofascial release, office visits, conferences by physician, and supplies and materials from 02/14/03 through 07/31/03.

Decision

The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 2/14/03 to 2/19/03 were medically necessary. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 5/15/03 to 5/29/03 were medically necessary. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release from 6/6/03 through 7/22/03 were medically necessary. The office visits coded as 99214 were medically necessary on 2/17/03, 3/26/03, 5/22/03, 6/20/03, and 7/28/03.

The therapeutic exercise, joint mobilization, neuromuscular re-education, and myofascial release therapy 2/24/03 through 4/9/03 were not medically necessary. All other office visits were not medically necessary based on the records provided for review. The conferences by physician on 3/1/03, 3/29/03, and 6/28/03 were not medically necessary. The supplies and materials from 2/14/03 through 7/31/03 were not medically necessary.

Rationale/Basis for Decision

The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 02/14/03 to 02/19/03 were medically necessary.

As the claimant had clearly failed conservative care as of the 02/20/03 designated doctor evaluation, therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 02/24/03 through 04/09/03 were not medically necessary.

An adequate trial of care is defined as a course of two weeks each of different types of manual procedures (4-weeks total), after which, in the absence of documented improvement, manual procedures as no longer indicated (Haldeman, S., Chapman-Smith, D., and Peterson, D., Guidelines for Chiropractic Quality Assurance and Practice Parameters, Aspen, Gaithersburg, Maryland, 1993.) The patient had a protracted course of care in excess of the parameters delineated by the above-mentioned document and did not demonstrate a favorable response to treatment.

The patient underwent right carpal tunnel surgery on 04/11/03 and physical therapy resumed on 05/15/03. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 05/15/03 to 05/29/03 were medically necessary. The patient underwent left carpal tunnel surgery on 05/30/03. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 06/06/03 through 07/22/03 were medically necessary.

The chiropractor billed for an office visit (99213 or 99214) on most visits. There was no documentation to support the office visits billed in the records reviewed. As the patient's treatment plan did not change over the course of his treatment, the daily billing of 99213 office visit was not medically necessary. The office visits coded as 99214 were medically necessary on 02/17/03, 03/26/03, 05/22/03, 06/20/03, and 07/28/03. All other office visits were not medically necessary based on records provided for review.

The conferences by the physician on 03/01/03, 03/29/03, and 06/28/03 were not medically necessary as no documentation pertaining to these dates of service was included in the documentation submitted for review. The supplies and materials from 02/14/03 through 07/31/03 were not medically necessary as no documentation pertaining to these dates of service was included in the documentation submitted for review.

Therefore, the therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 2/14/03 to 2/19/03 were medically necessary. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 5/15/03 to 5/29/03 were medically necessary. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release from 6/6/03 through 7/22/03 were medically necessary. The office visits coded as 99214 were medically necessary on 2/17/03, 3/26/03, 5/22/03, 6/20/03, and 7/28/03. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 2/14/03 to 2/19/03 were medically necessary. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release therapy from 5/15/03 to 5/29/03 were medically necessary. The therapeutic exercises, joint mobilization, neuromuscular re-education, and myofascial release from 6/6/03 through 7/22/03 were medically necessary. The office visits coded as 99214 were medically necessary on 2/17/03, 3/26/03, 5/22/03, 6/20/03, and 7/28/03.

Sincerely,